

<sup>1</sup> 5 U.S.C. § 8101 *et seq.*

deliver mail to 611 mailboxes through the right window of her vehicle, five days per week. Appellant noted that she first became aware of her condition and realized its relation to her federal employment on October 28, 2019. She stopped work on July 20, 2020.

In support of her claim, appellant submitted a statement dated July 2, 2020, which indicated that she worked for the employing establishment as a part-time rural carrier beginning in April 2015 and became a full-time regular rural carrier on August 8, 2017. She described various repetitive motions associated with her job duties, including inserting flats into mail cases, delivering mail, casing newspapers, and arranging and delivering parcels. Appellant indicated that she believed the repetitive motion associated with her job duties since April 2015 caused an injury to her right shoulder.

In a letter dated July 6, 2020, Dr. Brian Grogan, a Board-certified orthopedic surgeon, noted that appellant related shoulder pain, which she attributed to her work activities. He found that her clinical and imaging findings were consistent with rotator cuff partial thickness tears and an injury to the biceps tendon.

A report of magnetic resonance imaging (MRI) scan of the thoracic spine dated April 9, 2019 was read as normal.

A report of the MRI scan of the right shoulder dated June 17, 2020 noted a history of chronic right shoulder pain and revealed a deep partial-thickness bursal-sided tear of the supraspinatus tendon, very low-grade partial tearing of the subscapularis tendon, and minimal interstitial longitudinal tearing of the long head of the biceps.

A June 18, 2020 right shoulder ultrasound demonstrated subacromial-subdeltoid bursitis. The report also noted that appellant had undergone a steroid injection into the right shoulder on June 1, 2020.

On October 7, 2020 OWCP received a further statement by appellant, which indicated that she had undergone injections to her right shoulder in October and December 2019 that she felt had not provided sustained relief due to the impact of her repetitive work duties. Appellant related that her shoulder pain worsened in February 2020, and that Dr. John Wilson, a Board-certified family medicine specialist, ordered an MRI scan and referred her to Dr. Grogan, who performed surgery on her right shoulder on July 24, 2020.

In an October 15, 2020 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence necessary to establish her claim and afforded her 30 days to provide the necessary evidence.

In an October 19, 2020 letter, Dr. Grogan recommended that appellant remain out of work through October 21, 2020.

In a letter dated October 21, 2020, Dr. Grogan noted that appellant was three months post right rotator cuff repair with stiffness, which he opined was due to early adhesive capsulitis. He recommended that she remain out of work through December 16, 2020.

By decision dated December 30, 2020, OWCP denied appellant's occupational disease claim, finding that the evidence of record was insufficient to establish that her diagnosed conditions are causally related to the accepted factors of her federal employment.

On January 8, 2021 appellant, through counsel, requested an oral hearing before a representative of OWCP's Branch of Hearings and Review, later converted to a request for a review of the written record.

OWCP thereafter received a July 1, 2020 medical report by Dr. Grogan who noted that appellant presented with right shoulder pain for approximately one year, which she attributed to repetitive extension, reaching, pushing, and pulling with her right shoulder while working. Dr. Grogan indicated that she had undergone three subacromial injections and taken medication for shoulder pain. He performed a physical examination and noted pain with palpation in the right bicipital groove, reduced range of motion of the right shoulder, and weakness and pain with testing of the right rotator cuff. Dr. Grogan reviewed the June 17, 2020 right shoulder MRI scan and diagnosed subluxation, a partial tear and possible impingement of the biceps and a tear and bursitis in the rotator cuff. He noted that appellant worked as a mail carrier and opined that her conditions occurred over a period of time and were related to overuse at work. Dr. Grogan recommended that she undergo right shoulder arthroscopy.

By decision dated June 25, 2021, OWCP denied modification of its December 30, 2020 decision.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>2</sup> has the burden of proof to establish the essential elements of his or her claim, including that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed within the applicable time limitation of FECA,<sup>3</sup> that an injury was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.<sup>4</sup> These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>5</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, an employee must submit the following: (1) a factual statement identifying employment factors alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or

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<sup>2</sup> *Id.*

<sup>3</sup> *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>4</sup> *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>5</sup> *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.<sup>6</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>7</sup> A physician's opinion on whether there is causal relationship between the diagnosed condition and the implicated employment factors must be based on a complete factual and medical background.<sup>8</sup> Additionally, the physician's opinion must be expressed in terms of a reasonable degree of medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and appellant's specific employment factors.<sup>9</sup>

### ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

In support of her claim, appellant submitted a July 1, 2020 medical report by Dr. Grogan who noted that she related complaints of right shoulder pain for approximately one year, which she attributed to repetitive extension, reaching, pushing, and pulling at work. Dr. Grogan diagnosed subluxation, partial tear and impingement of the right biceps and tearing and bursitis in the rotator cuff. He opined that these conditions occurred over time and were related to overuse at work. While the July 1, 2020 report supported causal relationship, it did not provide a pathophysiological explanation of how the accepted factors of federal employment were competent to cause the diagnosed conditions. The Board has held that a report is of limited probative value regarding causal relationship if it does not contain medical rationale explaining how a given medical condition was related to accepted employment factors.<sup>10</sup> Consequently, Dr. Grogan's July 1, 2020 report is insufficient to meet appellant's burden of proof to establish her claim.

In his July 6, 2020 letter, Dr. Grogan diagnosed a partial right rotator cuff tear and injury to the biceps tendon. In his October 19 and 21, 2020 letters, he recommended that she remain out of work. Dr. Grogan did not, however, provide an opinion on causation. The Board has held that medical evidence that does not offer an opinion regarding the cause of an employee's condition is

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<sup>6</sup> *R.G.*, Docket No. 19-0233 (issued July 16, 2019). *See also Roy L. Humphrey*, 57 ECAB 238, 241 (2005); *Ruby I. Fish*, 46 ECAB 276, 279 (1994); *Victor J. Woodhams*, 41 ECAB 345 (1989).

<sup>7</sup> *A.K.*, Docket No. 21-0278 (issued July 12, 2021); *T.H.*, 59 ECAB 388, 393 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>8</sup> *M.V.*, Docket No. 18-0884 (issued December 28, 2018).

<sup>9</sup> *Id.*; *Victor Woodhams*, *supra* note 6.

<sup>10</sup> *J.W.*, Docket No. 18-0678 (issued March 3, 2020); *G.R.*, Docket No. 19-0940 (issued December 20, 2019); *D.L.*, Docket No. 19-0900 (issued October 28, 2019); *see also V.T.*, Docket No. 18-0881 (issued November 19, 2018); *Y.D.*, Docket No. 16-1896 (issued February 10, 2017); *T.M.*, Docket No. 08-975 (issued February 6, 2009); *S.E.*, Docket No. 08-2214 (issued May 6, 2009).

of no probative value on the issue of causal relationship.<sup>11</sup> Therefore, this evidence is also insufficient to establish appellant's claim.

The remaining evidence of record consists of diagnostic testing reports. The Board has held that diagnostic studies, standing alone, lack probative value and are insufficient to establish the claim.<sup>12</sup> Consequently, this additional evidence is insufficient to meet appellant's burden of proof.

As the medical evidence of record is insufficient to establish causal relationship between appellant's diagnosed medical conditions and the accepted factors of her federal employment, the Board finds that appellant has not met her burden of proof.

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

### **CONCLUSION**

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

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<sup>11</sup> See *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>12</sup> *J.K.*, Docket No. 20-0591 (issued August 12, 2020); *A.B.*, Docket No. 17-0301 (issued May 19, 2017).

**ORDER**

**IT IS HEREBY ORDERED THAT** the June 25, 2021 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: May 3, 2022  
Washington, DC

Alec J. Koromilas, Chief Judge  
Employees' Compensation Appeals Board

Janice B. Askin, Judge  
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge  
Employees' Compensation Appeals Board